ADVISORY INVOICE

[Firm Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Client / Shareholder:

[Client Name]
[Corporation Name]
[Client Address]
[Client Email]

Matter Reference:

[Case/Matter ID]
[Proxy/Meeting Date]
[Specific Security/ISIN]

Service Description	Quantity/Hours	Rate	Amount
Proxy Analysis & Voting Recommendations	[0.00]	$[0.00]	$[0.00]
Corporate Governance Consultation	[0.00]	$[0.00]	$[0.00]

Service Description	Quantity/Hours	Rate	Amount
Shareholder Resolution Filing Support	[0.00]	$[0.00]	$[0.00]
Regulatory Compliance Review	[0.00]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax/VAT: $[0.00]

Total Amount Due: $[0.00]

Payment Instructions:
Bank Name: [Name] | Account: [Number] | Routing/SWIFT: [Code]

Terms: Please remit payment within [30] days. All advisory services are provided pursuant to the Shareholder Rights Advisory Agreement dated [Date].